

## CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

**Date:** September 25, 2015

**Agency Name:** Washoe County Department of Social Services

**Agency Address:** P.O. Box 11130

**Date of written notification to the Division of Child and Family Services and Legislative**

**Auditor:** March 10, 2015

**Internal reference UNITY ID or Report Number:** Case #1305205, Report # 1650689

**Type of Report:** ☐ 48 Hour Notice ☐ 15 Day Update ☐ 30 Day Update ☒ Final

☒ **Child Fatality** **Date of Death:** March 25, 2015

☐ **Near Fatality** **Date of Near Fatality:**

☐ **Portions of information on this form have been withheld at the request of**  
**law enforcement.**

(Name of agency)

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### Information for Release:

**A. Date of the notification to the child welfare agency of the death of a child:**

Notice of near fatality provided on March 8, 2015; became a fatality on March 25, 2015

**B. Location of child at the time of death or near fatality (city/county):**

Washoe County, Nevada

**C. A summary of the report of abuse or neglect and a factual description of the contents of the report:**

A 13 yr old child was found in the bathroom in the family home, and was unconscious. Paramedics responded and found the child unresponsive but they were able to get a pulse.

Life support was removed and child passed away on 3/25/15.

**D. The date of birth and gender of child:**

September 23, 2001- female

**E. The date that the child suffered the fatality or near fatality:**

March 25, 2015

**F. The cause of the fatality or near fatality, if such information has been determined:**

Final autopsy states that this death was due to anoxic encephalopathy due to hanging. The manner of death is suicide.

- G. Whether the agency had any contact with the child or a member of the child's family or household before the fatality or near fatality and, if so:** (1) The frequency of any contact or communication with the child or a member of the child's family or household before the fatality or near fatality and the date on which the last contact or communication occurred before the fatality or near fatality;
- (2) Whether the agency which provides child welfare services provided any child welfare services to the child or to a member of the child's family or household before or at the time of the fatality or near fatality;
- (3) Whether the agency which provides child welfare services made any referrals for child welfare services for the child or for a member of the child's family or household before or at the time of the fatality or near fatality;
- (4) Whether the agency which provides child welfare services took any other actions concerning the welfare of the child before or at the time of the fatality or near fatality; and
- (5) A summary of the status of the child's case at the time of the fatality or near fatality, including, without limitation, whether the child's case was closed by the agency which provides child welfare services before the fatality or near fatality and, if so, the reasons that the case was closed.

The agency has the following history on this family:

2/11/15- referral alleging medical neglect, as mom failed to fill a prescription for her oldest child. Coded as an Information and Referral and referred to the Family Resource Center.

2/8/14- referral received about a past sexual assault by an out of home perpetrator- coded as Information Only. Child was receiving therapeutic intervention for this trauma.

10/16/14- referral received regarding a lack of supervision. 17yr old is running away, is involved in juvenile probation services and mom lacks engagement. The referral was coded as Information Only.

7/9/14- referral received alleging that the family home has no power. Report coded as Information Only. Mother was getting paid the next day to pay for service.

2-15-14- A referral received alleging a 17 yr. old left in charge of her younger siblings and then leaving the younger siblings to go and get drunk. This report was assigned for investigation and unsubstantiated against the mother. Discussion with the mother about appropriate babysitting and supervision arrangements. No formal service provision.

5-8-13 – A referral was received asking for help to deal with a runaway teen. The report was coded as Information and Referral and referrals were provided to family resource center, Quest counseling and the Children Cabinet.

4-4-13- A referral was received alleging teen babysitter was using marijuana while caring for children. Report coded as Information Only and advised RP to select a new babysitter.

5-10-12- referral received alleging a physical interaction between mom and child when mom found out child was smoking marijuana. No injury identify or visible. Report coded as Information Only.

3-15-12- referral received alleging a 10 yr old and 8 yr old sometimes stay home from school to watch the 2 yr old. This report was assigned for investigation. The allegations were unsubstantiated. Referral to Children's Cabinet was provided for day care options.

10-19-05- referral received alleging child has anxiety due to the fact that her father hit her in the past. The father resides in Mexico and is no longer in the home. Report coded as Information Only.

4-7-05- referral received alleging 4 children home alone while mother is working. This report was assigned as an investigation and was substantiated.

12-16-03- referral received requesting assistance for a single mom with 3 children and one 2 on the way. Mom is being evicted with no place to go. Assigned as an assessment with services.

**H. Whether the agency which provides child welfare services, in response to the fatality or near fatality:** (1) Has provided or intends to provide child welfare services to the child or to a member of the child's family or household; and (2) Has made or intends to make a referral for child welfare services for the child or for a member of the child's family or household; and (3) Has taken or intends to take any other action concerning the welfare and safety of the child or any member of the child's family or household.

This fatality was investigated and will be unsubstantiated for abuse or neglect. Family was provided with grief and loss services. The case will be closed.

#### NON-DISCLOSURE NOTICE

The following information must not be released (see Policy on Public Disclosure of Child Fatality and Near Fatality Information, page 4): 1) Information regarding the sibling(s) of a deceased child; 2) the name of the reporting party or individual making an allegation or referral will not be released; 3) if the disclosure of the information would adversely affect any pending investigation concerning a report (NRS 432B.290(3); 4) if the disclosure violates other federal or state law, including, but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Family Educational and Privacy Act of 1974 (FERPA), alcohol and drug abuse patient records (42 USC §290dd-2 and 42 CFR §212 (c)(6)), and any other applicable law.

